

## TRANSMITTAL FORM

Attorney Docket No.  
**2357P**In re the application: **Yiqiang LI and Yongjian WANG**

RECEIVED

Serial No: **10/051,966**Group Art Unit: **2874**

SEP 23 2003

Filed: **January 15, 2002**Examiner: **Valencia, Daniel E.** CENTER 2800For: **Reflection Type Compact Optical Switch**

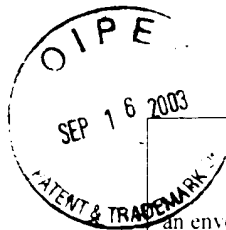
| ENCLOSURES (check all that apply)   |                                     |   |  |                                     |   |
|-------------------------------------|-------------------------------------|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply                     | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group                            |
| <input type="checkbox"/>            | After Final                         | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/>            | Information disclosure statement    | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/>            | Form 1449                           | <input type="checkbox"/>  | Drawings   | <input type="checkbox"/>            | Status Letter   |
| <input type="checkbox"/>            | (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/> | Postcard  |
| <input type="checkbox"/>            | Extension of Time Request *         | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/>            | Express Abandonment                 | <input type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc      | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln        | <input type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts           | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>            | Executed Declaration by Inventor(s) |   |  |                                     |   |

| CLAIMS             |                                  |   |              |            |         |
|--------------------|----------------------------------|---|--------------|------------|---------|
| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE       | FEE     |
| Total Claims       | 14                               | 20                                      | 0            | \$9.00     | \$ 0.00 |
| Independent Claims | 4                                | 3                                       | 1            | \$42.00    | \$42.00 |
|                    |                                  |   |              | Total Fees | \$42.00 |

| METHOD OF PAYMENT                   |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Check no. 6358 in the amount of <b>\$42.00</b> is enclosed for payment of fees.                             |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                     |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP). |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                      |
|--|--------------------------------------|
| Attorney Name                              | Stephen G. Sullivan, Reg. No. 38,329 |
| Signature                                  |                                      |
| Date                                       | September 12, 2003                   |

| CERTIFICATE OF MAILING   |             |
|--|-------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <b>September 12, 2003</b> |             |
| Type or printed name   | Grace Alcea |
| Signature  |             |



Attorney Docket: 2357P

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **September 12, 2003**.

Grace Alicea

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: September 12, 2003

Yiqiang LI and Yongjian WANG

Confirmation No.: 1548

Serial No: 10/051,966

Group Art Unit: 2874

Filed: January 15, 2002

Examiner: Valencica, Daniel E.

For: REFLECTION TYPE COMPACT OPTICAL SWITCH

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 12, 2003, please amend the above-identified application in the following manner:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

09/17/2003 ANAB11 00000032 10051966  
01 FC:2201 \$2.00 DP